

FILED FEB 16 1942 7

Registration District No.

Primary Registration District No.

3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Montrose Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community  
years, months or days

3. (a) PRINT FULL NAME JOHN A. RAEF

8. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
7. (b) Name of husband or wife Agnes 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 23rd 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 11 5 hr. min.

9. Birthplace MATTOON, ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name NICHOLAS RAEF  
13. Birthplace MATTOON ILL.  
(City, town, or county) (State or foreign country)  
14. Maiden name CATHARINE CALLAGHAN  
15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Moller  
(b) Address Montrose, Mo. R#1

17. (a) Burial (b) Date thereof Mar 30 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose, Mo

18. (a) Signature of funeral director Jennett Thoms

(b) Address Montrose, Mo

19. (a) Jan. 31/42 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature) S.R.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry  
(c) City or town Montrose Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Montrose Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 28  
year 1941 hour 5 minute 05p M.

21. I hereby certify that I attended the deceased from Jan. 19 1941 to Jan. 28 1941  
that I last saw him alive on Jan. 27 1941  
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Myocarditis & Decompensation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury 0

23. Signature Eugene S. Smith (M. D. or other) MD

Address Clinton Mo. Date signed 1-28-41

RECEIVED

District Health Officer No. 7

District File Number 2-42-37

Date Filed 2-10-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

*Osceola Ochloff*

Licensed Embalmer No.

3942

P. O. Address

*Appleton City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.